# BRIEF PSYCHOTHERAPY OF THE SEX OFFENDER. A REPORT OF A LIASON SERVICE BETWEEN A COURT AND A PRIVATE PSYCHIATRIST*.

JACOB H. CONN, M.D.
BALTIMORE, MARYLAND

There is a healthy, growing tendency to use extra-mural psychotherapy in the treatment of individuals who repeatedly commit the same or similar types of offense.[1,2]. During the past ten years the Supreme Bench of Baltimore, acting upon the recommendation of its Chief Medical Officer, Dr. Manfred S. Guttmacher, has referred 30 of these chronic offenders to the author for psychiatric treatment.[3,4] Twenty-three of these individuals (all men) were sex offenders. The case material includes 8 patients who had been sentenced for repeated sex assaults on young girls, 7 of whom are free of their compulsions to use children as sexual objects. Of the 4 patients who practiced indecent exposure, 3 have been effectively treated. Three patients had sexually assaulted little boys; all, including 1 homosexual, are living normal heterosexual lives. There were 4 offenders referred as being homosexual. One consistently denied the offense but was helped to an effective vocational adjustment; two were considered unfit for private psychiatric treatment after two interviews; the fourth is a feeble-minded individual who has abstained from homosexual practices in a protected home environment. Three offenders had sent obscene letters or had made lewd phone calls; all are socially and sexually well adjusted.

*TABLE I.*

| TYPE OF OFFENSE | NO. OF PATIENTS | EFFECTIVELY TREATED | FAILURES | REFUSED TREATMENT |
|---|---|---|---|---|
| Assault on female children | 8 | 7 | 1 | .. |
| Indecent exposure | 4 | 3 | 1 | .. |
| Homosexuals | 4 | 2 | .. | 2 |
| Assault on male children | 3 | 3 | .. | .. |
| Obscene letters or calls | 3 | 3 | .. | .. |
| Arson (latent homosexual) | 1 | 1 | .. | .. |
| TOTAL | 23 | 19 | 2 | 2 |

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A latent homosexual, who admitted setting 16 fires, has made an excellent vocational and heterosexual adjustment for the past eight years.

In each case the usual sentence was suspended (except in a few cases where the offender was first sent to jail for a brief period) with the understanding that he would begin a one or two year period of probation, and concurrently start psychiatric treatment. The probation officer interviewed the offender once a month. Psychiatric sessions were arranged once (occasionally twice) a week for the first year, and every two weeks during the second year of the probation period. Each patient was encouraged to secure employment and contributed all or the major part of the cost of his treatment. The psychiatrist kept in touch with the department of probation and in turn received effective social service assistance whenever it was needed.

The duration of treatment is outlined in Table II.

*TABLE II*

DURATION OF TREATMENT (21 MALES)

| | NO OF CASES |
|---|---|
| Six months—one year | 10 |
| One—two years | 4 |
| Two—three years | 4 |
| Three—five years | 3 |
| TOTAL | 21 |

The duration of social adjustment (gainful employment and normal heterosexual behavior) is shown in Table III.

*TABLE III.*

DURATION OF SOCIAL ADJUSTMENT—FOLLOWING TREATMENT

| | |
|---|---|
| Six months—one year | 5 |
| One—two years | 2 |
| Two—four years | 4 |
| Five—seven years | 3 |
| Seven—nine years | 5 |
| Refused treatment | 2 |
| Unmodified by treatment | 2 |
| TOTAL | 23 |

The ages of the patients ranged from 17 to 59. The age incidence appears in Table IV and the age distribution by offense is shown in Table V.

*TABLE IV.*

AGE INCIDENCE

| AGE | NO. OF CASES |
|---|---|
| 17–27 | 10 |
| 28–38 | 9 |
| 40–59 | 4 |

*TABLE V.*
*Age Distribution by Offense*

| TYPE OF OFFENSE | NO. OF PATIENTS | AGE (AT TIME OF TREATMENT) |
|---|---|---|
| Assault on female children | 8 | 21, 24, 29, 37, 38, 40, 40, 59, |
| Indecent Exposure | 4 | 21, 29, 30, 32 |
| Homosexuals | 4 | 27, 27, 28, 25 |
| Assaults on male children | 3 | 17, 38, 48 |
| Obscene letters or calls | 3 | 22, 27, 29 |
| Arson (latent homosexual) | 1 | 24 |
| TOTAL | 23 | |

Of the 23 referred cases, 2 were considered unfit for private psychiatric treatment and 19 could be treated effectively and restored to the community as law abiding citizens. This is a compliment to the court's Chief Medical Officer who had recommended these offenders for psychotherapy and a sign of the growing psychiatric enlightenment of the members of the Supreme Bench of Baltimore.

## Clinical Material

### *Assaults on Female Children*

The first case illustrates the futility of sentencing sex offenders to prison and helps to explain why they cannot control their perverse sex impulses.

*Case 1.* Mr. H. age 38, had been found guilty for the fourth time of handling the genitals of little girls. He had been sentenced to serve six months in jail on two occasions, once in 1923 and

again in 1931. He was fined fifty dollars when he was convicted for the third time in 1937. The fourth offense occurred in April, 1939; at this time sentence was suspended and arrangements were made for a two year period of probation and psychiatric care. The patient is the sixth (third son) of 10 children born to a jealous, domineering father and an oversolicitous mother. The first interview occurred on April 25, 1939. On that occasion his wife (this was his second marriage) characterized the patient as being "full of life and fun and well liked by everyone. He has been wonderful to me and he is not funny (perverted) to me." According to his wife's statement sexual relations had occurred almost every night and the patient had practiced coitus interruptus since their marriage in 1938. The patient, who was a neatly dressed, friendly man, stated, "I like people and I like them to like me, that is how I like to live." The patient could recall only three occasions in the past when he had handled the genitals of little girls. But during the next three sessions he was able to remember ten such episodes beginning in 1923 (age 23) and occurring at one or two year intervals until 1939.

Mr. H. insisted that he loved children. "But when I have a little girl in my lap my hands wander in a caressing sensation and it is not particularly lust but more of a forceful love. I don't have any sexual desire but sometimes I wind up by putting my hands on the little girl's privates. I used to wonder why I did it, what I had gained by it sexually or any other way. Then I would begin to get a headache thinking and worrying about it, worrying that I had done something to hurt the child physically or even morally; it was then I remembered my own little girl (who died during his first marriage in 1923). I used to be crazy about her. I have never forced a child, it's only when they are near me did I feel that way."

During the second interview the patient reported a dream which he said had occurred several weeks previously. He had been a member of the Reserve Air Corps. The dream was as follows: He had been asked to go to Europe where an airplane was turned over to him and he flew over Germany. As Hitler was making an address, Mr. H. "flew right into the balcony and crashed." The patient continued, "I know I struck Hitler as he was right in the center of it all. I awoke with a headache, somewhat excited but not frightened." This dream, which was offered spontaneously, is one sample of the many dreams which were presented later, indicating the patient's desire to achieve something which would make him a great hero. As will be seen later, he joined the Army with the same purpose—to be a somebody, a person whom everyone would look up to and admire.

Mr. H., who has average intelligence, received a fifth grade education and left school at the age of 13. He began to work for an older brother who, like his father, criticized him on every

possible occasion. At the age of 18 the patient enlisted in the Army and after a short period of service requested that he be transferred to China where he could "find adventure." He apparently was well liked in the Army where he was very careful about observing every order, and was later promoted to the rank of sergeant. He hever had sexual relations until he joined the Army. During his service in China he had been introduced to girl prostitutes. Although there were a number of such sex episodes he only went because he felt that it was his duty to prove that he was "a man and a soldier." There was very little sex desire on his own part, and when he returned to the States he was very pleased to become the hero of his neighborhood, and felt quite content with occasional kissing parties. There were no sex relations from the time he left the Army in July, 1921, until his first marriage in June, 1922.

During the 10 years of this first marriage, according to his statement, there was intercourse practically every night. The patient states, "There was a time when I worked every night from 4 p.m. to 12 midnight, and I was tired, and yet I felt I had to give in to accommodate my wife. I was always afraid that my wife would feel I wasn't a real man, although I know I could have gotten along without it for weeks." It was during the fourth interview that the patient began to correlate his perverse sex behavior with his feeling of sexual exhaustion and dissatisfaction. The patient's first perverse sex experience with children had occurred in 1923, he had been married about a year and a half and his first child had been born four months previously. He could recall how he had manipulated a neighbor's child's genitalia but at that time he thought that what he was trying to do was "to please the little girl and make her happy." He could begin to bring together his desire to get away from his excessive sexuality for which he had lost all interest, and to return to a simpler form of sex contact and relief. He could now state, "I can see how this was a way in which I could relieve myself by playing with the little girl's sexual organs and not having to strain myself. I was taking the easy way out; it certainly is a true explanation of my feelings at that time." On May 7, 1939, his wife, whom he had married in 1938, was sent to be examined for a contraceptive diaphragm. Both the husband and wife agreed that they would reduce sexual relations to once a week or once in two weeks. A week later Mr. H. reported that his feelings of fatigue and headache had disappeared. He went on to say, "Before and after intercourse almost every night I used to have that disgusted feeling about sex in general. I felt that I had strained myself and was glad that it was over, but now I feel better and I don't feel so tired at work." Now that sexual hygiene had been introduced the treatment plan was focused upon the patient's attitude to his wife. During the next

few weeks there were reports of many instances in which he had surrendered his self-respect and independence at home. He went on to say, "If a crumb falls upon the floor at breakfast, my wife will yell at me, 'If you keep on doing this the house will stink', and then she will make me pick up every crumb. Five minutes later she will say, 'Kiss me,' and I will give in although I feel I am being forced to do so every time, but I will do anything to avoid an argument." The patient had been considering running away from home during the year preceding his last arrest (1939). At this point in therapy a definite attempt was made to get him to stand his ground, and gradually to give his own opinions. His imaginations concerning little girls also were discussed. The patient had always made it his business to sit next to girls on the street car and to try to hold hands with them. During the day at work he would constantly imagine the pleasure which he would have in talking to any little girl who might walk in. Heretofore, he had explained these experiences as being part of his "great love for children," but now (May 27) he could say, "I can see that these were all sources of relief in a sexual way—a soothing sensation to my mind by contact with a girl's body. The reason I picked little girls was I tried not to get caught and I didn't want to do any damage."

On June 6, 1939, (the first interview had occurred in April) Mr. H. reported that he was able to speak up without apologizing to his wife and continually appeasing her. He said, "I am getting more confident, I am not so afraid she will get angry if I don't give in to her. I used to make believe that I loved her when I really hoped that she would get sick and I could get rid of her." He was surprised that when he stopped trying to placate his wife, her tantrums gradually began to decrease and he began to regain his self-respect. Mr. H. began to see how he had always given in to everybody. From his earliest days in school he had tried to be a "good" boy. He said, "I used to think that everybody should be good and kind, but I see that this philosophy was only because I was afraid to refuse anybody anything." In July (four months after the initial interview) he produced the following dream: "I dreamed a little girl presented me with a box and in it were enormous plums; it was like a reward and when I tried to get near the little girl to thank her for it she ran around the rear of the box as if she were afraid of me, and then I stopped dreaming. I figured out myself that the dream meant that if I kept away from these little girls I would reap the reward of the plums of extra size and value; it was not necessary to thank her by coming into actual contact with her, I could thank her at a distance. These little girls themselves will reward me if I don't molest them." Mr. H. continued, "You see I always thought that I was pleasing them by making them feel good, but I can see I was fooling myself. Even in the last case I thought that the

girls were happy, and that I wanted them to be happy." On August 24, 1939, the patient stated that he felt much more at ease at home and reported the following dream: "I dreamed that I met myself as a sailor coming off a boat. I saw myself in uniform opening a trunk and taking out a lot of short lengths of heavy chains. Then I saw the sailor take out a picture of himself sitting on a chair with his arms around a young attractive lady; there were rows of little children sitting in front of the sailor, but he was far behind them. He seemed so happy and he laughed loud as if he had won a victory." Mr. H. went on to say, "I have always wanted to have the same sense of freedom as the sailor in the dream; the sailor has a girl of his own age and has no use for the younger children. I don't care to look at them any more; they are getting obnoxious to me."

On November 6, 1939, (eight months after the treatment began) his opinion of himself was definitely changing. He stated, "I feel like I am worth something. I am not going to let people step on me. I am beginning to do things for myself now". He presented actual evidence for this transformation in his personality by relating how he had asserted himself at work and in his own home. In 1940 (February) the patient had the courage to demand an increase in salary and got it. Mr. H. had been able to present his own opinions at home, where previously he would have given in. As far as could be gathered he had avoided all contacts with little girls. His sex relations were much more satisfactory when he had intercourse about once in two or three weeks and only when he, himself, felt so disposed (1940–42). He now felt more like a grown man and less like a timid, inadequate person who must give in to everyone's whims. His physical health continued to improve as well as his feeling of satisfaction with himself. He no longer needed little girls as sex objects in fact or fancy. The patient completed his three year period of probation and psychiatric treatment in 1942 (April). He has remained gainfully employed during the past six years, and a follow-up interview on December 5, 1948 revealed that he is socially and sexually well adjusted. The patient has continued to have sex relations about once every three weeks.

The next case presentation illustrates some of the difficulties confronting the court and its psychiatric adviser before a sex offender can be referred for private psychiatric care.

*Case 2:* Mr. C., age 31, presented a serious dilemma to both the Judge and the court psychiatrist. The parents of the girl who had been forced to practice fellatio were adamant in their insistence that the patient be "put behind bars." They repeatedly stated that he should receive a sentence longer than ten years since another sex offender who recently had been involved with an older child had received a ten year sentence. The parents were convinced that the child's complaint of abdom-

inal distress which recurred every few days was the result of having swallowed semen, but they refused to permit the Chief Medical Officer to arrange to have the child examined by a psychiatrist. The father vehemently objected to any possible treatment plan for the patient and emphatically denied that he "hated any man." As evidence of his good will he volunteered to go to the penitentiary every day and pray with the patient "so that God would enter his heart." The police report included the fact that the patient had picked up two children, ages 7 and 6, and had shown them nude pictures, had exposed himself, had given a knife to the older child and told her to "cut it off." He then shoved her head down and put his penis in her mouth and ejaculated. This ejaculation into the child's mouth was denied by the patient. After this incident he had returned the two children to the school where he had picked them up.

Mr. C. was properly identified. The book with the nude pictures and the knife were found in his car. Nevertheless he continued to deny that he was the man involved in the offense The court psychiatrist talked with him of the futility of psychiatric treatment unless he was going to be honest in admitting and facing his problems. The only alternative to accepting treatment being a long period of incarceration, the patient admitted the offense and began to relate his "profound neurotic problems." Mr. C. began treatment on May 16, 1947, with the statement: "I just cannot control my sexual emotions. I don't get too much intercourse, only two or three times a week. Then I jerk off two and sometimes as much as four times a day. I also have wet dreams two or three times a week" (for the past four years). The patient stated that this was the first time that he had used a child as a sexual object and readily admitted that he had requested the older girl "to bite" his penis or "to cut it off." He went on to describe his severe anxiety state which began in 1943 and included bouts of diarrhea, sweating and attacks of palpitation, terrifying dreams of being in a car rolling down the hill out of control, or dreams of being chased by wild animals while hunting and finding that his gun "won't work." Because of the anxiety and pathologic tension, the treatment selected in this case was *hypnotic relaxation* and the fostering of a sense of freedom to talk or to keep silent if he so preferred. The aim was to have him feel comfortable in the therapist's presence and he was repeatedly instructed during the hypnotic interview not to say anything unless he could do so without effort. This, in brief, is the nature of *hypnosynthesis*—a form of brief psychotherapy, with which the author has been experimenting during the past four years.[4]

The result of the treatment has been a realization of the patient's previous passive dependent sexual character and a growing ability to accept a normal heterosexual role. Thus he

could say; "It never dawned on me before that this girl (his boyhood sweetheart) used to put it in her mouth for me." He recalled that he had pushed the child's mouth on his penis, then had masturbated after she had left the car. The patient said, "I thought then of the girl back home putting it in her mouth; that proved she really cared for me. She was hot natured and from a fine family. She did this so we wouldn't have intercourse. I guess it satisfied her desires too." He has had psoriasis since he was two years old, and had thought of himself as being a freak. He said, "I just didn't know anyone else who had this skin condition except my three first (maternal) cousins. I never could go in swimming or go in for athletics in high school or college. I was ashamed to undress before anyone. I felt no one could care for me. I knew this girl liked me so I hung on to her".

As the weekly interviews continued Mr. C. was surprised to learn that he wasn't as "hot natured" as he thought he was. The patient, who had believed that he was a sexual athlete because of his orgiastic frequency, began to experience satisfying sexual relief when he began having heterosexual marital relations twice a week. The important clue to his sexual tension was the fact that he had been apprehensive about losing his girl friend. He feared that he might never find another, and had built up an idealized image of her. He had thought of himself as being over-sexed because of that "over-charged feeling" and stated, "The only way to get rid of it was to jerk off." Mr. C. began to understand the manner in which he had increased his sex tension. He said, "I always carried a picture of this girl in my mind. I always was thinking of her and her big breasts." In 1941 (age 24) he had married an attractive young woman but had continued to daydream about his idealized former sex partner. During the third hypnotic session (May 27, 1947) Mr. C. spoke of her beauty. He was told to take a good look at her when he visited his parents who lived in the same town. The patient returned with the following account. "You told me to talk to her and to see her as she really was. I never had taken a good look. I never had compared her with my wife. When I saw her as she was, there was no comparison (with my wife.) She had put on weight and was all out of shape. I had carried in my mind that this girl was something like a goddess, real beautiful. I had seen her before (on previous visits to his home) but it didn't soak in. I had always carried in my mind the picture of how she used to be. When I saw her as she really was I could forget her." He had begun a masturbatory and fellatio relationship with this girl when he was 15 years of age (1932) and had continued it until he was 23 (1940). He would have continued this relationship but the girl suddenly stopped seeing him without offering him an excuse. The patient had married his wife on the rebound five months after being jilted. He then found himself restricted

to two or three intercourses a week and with no outlet for his compulsive passive-dependent sexual needs. During the war years he also became increasingly upset by the threat of being drafted and very concerned whether or not he should buy a house. Mr. C. rationalized his mounting tension as being due to his fear of further contributing to his mother's distress if he were drafted, as his younger brother already was in the service. In this setting of an idealized image of a boyhood sex partner, situational stress and anxiety derived from frustrated passive-dependent sexual needs, his tension mounted, overflowing into the cardiovascular, muscular, gastrointestinal and sexual systems.

The patient who was first interviewed on May 16, 1947, could report ten weeks later on September 2 that most of his anxiety manifestations had disappeared. He was sleeping soundly and his previous marked sex tension had been reduced to normal. The fearful dream contents were no longer present, being replaced by pleasant dream experiences. He began putting on weight and has gained from 170 to 197 pounds during the first six months of treatment (May, 1947 to November, 1947). He repeatedly spoke of being more at ease than he had been for many years. He ascribed the greatest effect of the treatment, first, to the shattering of the idealized image of his boyhood sweetheart; second, to learning that he was not different from others (a "freak") because of his skin disease, psoriasis, and, third, to the hypnotic relaxation. He recently stated: "You told me (during a hypnotic interview on May 27) that Helen (the previous sex partner) was no good for me (because she had fostered the patient's passive-dependent tendencies). I saw her on June 2, 1947. (Psychiatric treatment had begun on May 16). She looked like she had been through the mill. Her face was broken out, her color bad. She was fat. I never did care for fat women. Before I felt I never could get well. I felt out of place and kept to myself. I found out I wasn't the only one who had psoriasis. I got all this off of my chest. I began to feel I was like a lot of others. I had thought I had a blood disease so what was the use if it all came from the inside. When you said this disease (psoriasis) occurs in the healthiest people it made me feel good." The patient had been instructed to bring in a weekly report. On January 6, 1948, (seven months after the initial visit) he wrote, "I sleep good, eat good and feel good. No more dreams about women and sex. Boy, am I glad! On June 6, 1948, he reported, "I never felt better in my life."

One more item should be presented. For the first time since his psoriasis had appeared at the age of 3 the patient was free of lesions for a two year period. Mr. C. had been given repeated hypnotic suggestions (since August, 1947) to think that his skin would be clear, and was told, "Since you have become so

different, so will your skin," or "Your gain in weight is a proof of the change. Every spot that was 'sick' will become well." Since childhood the patient's psoriasis had reappeared each year by October 1. Now for the first time in 28 years he did not develop psoriatic lesions.

In November, 1948, the patient reported that he was experiencing satisfactory marital sex relations once or twice a week. The fatigue and anxiety state which had been present since 1942 had disappeared. Mr. C. was interviewed (during hypnosis) weekly for a period of a year (1947); then every two weeks for four months and every three weeks thereafter, September, 1948 to March, 1949. He had maintained his progress when interviewed on March 11, 1949. During these two years (1947–1949) the patient has been gainfully employed. During the last interview he stated, "If anyone would have told me that it was possible to feel as I do now a year ago, I would have said that he was crazy."

## Exhibitionism

The third case illustrates the conflicting motivational patterns associated with exhibitionism.

*Case 3.* Mr. P., 21 years old, was handicapped physically by serious rheumatic cardiovascular disease, vocationally limited, intellectually retarded (I. Q. 70) and had feelings of marked inadequacy because of his poor school record and lack of social skills. His emotional immaturity was characterized by passivity, dependence, self-consciousness and avoidance of girls in normal social settings. In 1940 he was informed that an acquaintance had married. Mr. P. recalled thinking, "Maybe I couldn't do that" (referring to heterosexual relations). He previously had exposed himself once and now began to feel an uncontrollable urge to exhibit his genitals repeatedly. His arrest in July, 1942, had little effect upon his behavior. He recalled thinking, "I didn't care. I felt I'd do it again and get out of it as easy as the first time. I felt the arrest is like you pay for what you do, and its all over with and you can do it again." In spite of his I. Q. of 70 he was interested in trying to understand the motivation associated with his perversion. He reported a dream in which a tooth was loose and said, "I was pulling it back and forth and could hear the bone cracking." He stated that the tooth might represent the male genital and added, "When it is taken out it leaves a bleeding hole like a girl has." Mr. P. went on to say (9th weekly interview) that he had wished that he could be a girl. He said, "When I was small I always told my mother I wished I was a girl. I heard that girls didn't have to work or do this or that." He elaborated this childhood statement saying,

"If I was a girl I wouldn't have to go looking for a girl. I wished I did not have a peter. It only gets you into trouble."

The patient is the second of three children. His mother weighed 246 pounds, his 19 year old sister weighed 272 pounds and had been unable to work outside of the home. A 33 year old sister (190 pounds) and the father (150 pounds) supported the family. The father, a hard working laborer, quietly stated that "They eat me out of house and home." The patient's rheumatic heart disease and neurotic passivity had kept him from engaging in play and social activities. He would have preferred to be a girl because it was sexually, socially and physically "safer."

He appreciated talking things over with a sympathetic physician. He began to feel "less dumb." He no longer thought of himself as being a "sinner." He had confessed his sins to his priest and the penance which he had received only had increased his conviction that he was "no good." By September, 1942 (18th weekly interview) Mr. P. could report, "I am beginning to feel like I am a somebody like anyone else. Now I feel I can talk as good as other people can. I used to cross the road to keep from talking to people. Since I have been coming here I ain't scared. Last week I even talked to my second grade teacher. Before when I'd see her I'd go around another way." The patient had begun to "speak up" at home and was surprised when he was complimented for making worthwhile suggestions. He said, "Last year I just did things the way my mother told me. I figured she (and everyone else) knew better than I did. Now I say 'Maybe it's better to do it this way.' My mother asked me, 'Why didn't you speak up before?' I told her you told me to talk up. It makes you feel better like you know something." Mr. P. now could say that only a child 5 or 6 years of age would expose himself as he previously had done. He stated that his exhibitionism had served a threefold purpose: (1) "It proved that I had a peter that was good." "Since I showed it to them from a far distance I showed I had one just as good as anyone else's." (2) "I felt it excited the girl. It would make her show me hers"; (3) "I could imagine that I was doing it (coitus) to her." He added, "If I took a chance and found out that I couldn't do it (coitus) then that would make me feel I was not good for anything."

As the therapeutic relationship developed the patient's anxiety diminished and he was able to recall that in his teens he had been concerned about the size of his penis, fearing that it had been injured by masturbation. During the year preceding the onset of his exhibitionism he had witnessed some boys engaged in mutual masturbation. He had refused to do likewise for fear that his genital might not become as erect as those of the other boys. In February, 1943 (21st interview, treatment

had begun in July, 1942) the patient reported that he no longer was afraid to masturbate occasionally and that orgasm was accompanied by normal heterosexual phantasies. He continued to come for monthly interviews until the 29th interview in October, 1943 (15 months after the initial session). By this time he had no need to expose himself. He was socially at ease and was working in a defense plant. Five years later (December 5, 1948), during a follow-up interview, the patient reported that he had been gainfully employed and still was resorting to occasional masturbation. He had not experienced heterosexual relations.

Another example of exhibitionism associated with marked personal inadequacy, situational stress, passive-dependent needs and disturbance of reality testing is illustrated in the next case.

*Case 4.* Mr. D., age 32, was described as a model husband, a devoted father and a good neighbor. His daughter had been operated on for a brain tumor when she was 11 months old in 1946 and had died in May, 1948. His wife had become depressed and their sex relations became infrequent and unsatisfying. In May, 1947, the patient saw two 12 year-old girls dancing in a school yard and exposed himself. He was arrested, released on collateral and did not return to court. Mr. D. later was warned by a park policeman after taking several children for a ride and again was arrested in August, 1948 by the same officer for engaging in lewd and obscene conversation with children. The sentence was suspended, and the patient was referred for psychiatric treatment on September 25, 1948.

The patient began the first interview (he was seen once a week) by saying, "The children had deliberately attracted my attention. They were pleased when I did it and acted forward and wanted me to act forward. I always was obliging, so I obliged." While in a hypnotic trance on November 14, 1948, he was able to say, "I wanted to do something different. Something I had never done before. I just wanted to do something for myself, to relieve myself. Before, I had done things to please other people; this time I was going to please myself. It feels pretty good to say that." During the next hypnotic interview (November 21) he continued, "Now I can say that I did something for myself. I really learned that lesson here. (The patient referred to the repeated suggestion that he take care of himself and not try to please the therapist or anyone else. During a previous session he had refused to permit another patient to precede him into the office by asserting that the appointment was his, and he was complimented for taking care of himself.) The patient was now ready to reveal to himself the pattern of neurotic compliance which had been present for many years. Mr. D. continued, "I never did anything for myself before I

showed myself to those girls. I would always accede to anybody's request. They didn't have to command me, even before they'd ask me I would do it. I didn't even think I was pleasing them. I'd think I was pleasing myself by being a nice guy."

The patient had been married twice. During his first marriage at age 16 he had been informed by his wife that a man had exposed himself to her in a public library. He recalled (while in the trance state) that he had thought of the exposure not as being wrong but as an act during which the man had "boldly satisfied himself." He added, "It was something to look up to rather than to punish. I felt all those years that I too should be satisfying myself. Lots of times I should have said 'No' rather than 'Yes' to those who asked a favor, but I never did it." He said, "When I ever had any forwardness presented to me by a woman I thought I had to go the whole way or do nothing. That's why when a married woman sat on my lap at a party I never hugged her. I always thought I had to go the whole way to please a woman even if she exposed her leg. Now I realize that they are kidding or having fun. I am starting to realize (at age 32) that women can do these things and not expect me to give in to them . . . I was always serious and when I started something I'd finish it. I thought all women were that way. I always dreaded that they might say, 'No' so I never asked for anything of anyone." A week later (November 28, during the 10th hypnotic interview) he could say, "I just let myself believe the children were asking me to expose myself. I was pleasing myself. I seem to be growing up. I did what I always had refrained from doing—pleasing myself."

This patient had never had the usual sex experiences of childhood. He recalled, "I can see that I actually missed a lot. I never went through a period of masturbation (or peeping or childhood exhibitionism). I started going with my first wife at 14, had intercourse with her and married her (at age 16) when she became pregnant. I didn't know that she had been secretly married and running around (promiscuous)." This marriage broke up two years later when the patient was 18 years old. He had never been concerned about the size of his phallus or potency as in the case of the preceding exhibitionist. This data makes possible another formulation than that which is usually offered in the literature. Instead of always positing a regression to less complex, outmoded but previously satisfying sex patterns, this patient's exhibitionism represents a progression. He is starting to grow and is becoming an active agent by unconsciously asserting himself as he should have done 25 years previously. Mr. D. is correct when he says, "I seem to be growing up." He now can discuss the genesis of his passive-dependent needs. His younger brother had been the mother's favorite. The patient had taken over the responsibility of watching over him in an

overly conscientious manner. On several occasions when the brother was almost killed the patient developed intense feelings of guilt although he had done all he could to prevent these near fatal accidents. After this material was reviewed he asked, "Could it have been that by losing my brother I would have been able to live my own life? I wouldn't let myself believe that I could do without him. It never occurred to me if he were not with me I could do other things."

On March 20 (24th session) the patient brought together his compulsive need to watch over his younger brother, his desire to please his parents in order to gain acceptance, and his masochistic need to surrender his independence. He summed up this insight by saying, "If my brother had been killed, I would have found my fears false. I really wasn't responsible for my brother, but then I would have learned to live for myself. I wouldn't take a chance of testing this, that is, putting my parents' love for me to a test. I was afraid the answer would be 'no'." On March 27 (27th session) he reported that he had gained fourteen pounds, and that he was feeling "like a different person." He said, "I think of other people differently. I am growing up mentally and sexually. Now I don't pay attention to it when women stand close to me." (Before?) "I always moved away." (Why?) "It was a fear of being censured." Mr. D. recalled the episode of exposure and explained it by saying, "I wanted to be entirely different than I ever was before. I thought that they (the girls) would do the same (exhibit themselves). I had never seen any girl's privates. A boy (at age 10) once told me that as girls grew older their openings grew. I didn't believe it. I wanted to satisfy myself whether I was right or wrong. I remember he got mad with me because I didn't agree with him." At a recent party the patient had kissed a woman while dancing with her and was not rebuffed. During the following interview (April 3) he said, "If only you had talked to me when I was 14. I just felt a fear of censure all of these years. When a woman refused to dance with me, I asked her why. She said her feet hurt. (Previously) I never made an effort to find out why. I would blame myself. I always blamed myself, and I bought security. I had no desire to be big. I always wanted to stay little. I even thought when I grew up tall like my father I would fall over. I didn't want to grow up. I was upset when my parents quarrelled; I didn't want to go through that. I didn't want to grow up. I was afraid to take care of myself. I took care of my brother so I wouldn't have my own self to worry about."

At the end of the six month period of treatment (September, 1948 to April, 1949) the patient is asserting himself normally at work, at home and socially. ("I am more forceful. I speak out. Before, I'd give in even when I knew that I was right.") He is

happier, able to think and act in keeping with his actual needs, well adjusted sexually and free from the compulsive urge to exhibit himself. The above problem as explained by this patient is in keeping with Fromm's and Horney's formulations. The next case illustrates Freud's thesis in regard to the homosexual neurosis.

### HOMOSEXUAL NEUROSIS

Mr. B., age 38, presented a history of having had adolescent and adult homosexual experiences and a regression to this earlier, outmoded, but previously satisfying sex behavior after an unhappy, frustrating marriage. He has been arrested for contributing to the delinquency of a minor, a 15 year old boy with whom he had practiced fellatio. He described his sex partner as "being affectionate and girlish," and insisted that he had a "good influence" because he had kept the boy "away from bad company." The patient repeatedly stated that he was only interested in befriending the boy with whom he was living and that his arrest was due to a misunderstanding concerning his true motives.

The therapeutic method employed was that of *hypnosynthesis*.[4] During the first trance state (June, 1948) the patient remembered having experienced mutual masturbation and fellatio when he was 6 years old. He had been a shy, inhibited boy who was afraid to touch a girl. Mr. B. gave as his excuse the statement that he had always been taught that it was wrong. He reported that he always had his mother on his mind when he went out on a date. At 17 the patient had his first heterosexual experience and recalled that he experienced a "terrible guilty feeling." It was soon after this unsatisfying guilt-laden heterosexual experience that he became involved with a 40 year old man in a homosexual relationship. The patient had played a passive role, permitting his older partner to practice fellatio upon him. Mr. B. met his future wife during the following year (when he was 19) and married her two years later. He recalled thinking on the night preceding their marriage that he was through with his homosexuality. However, he could not enjoy heterosexual relations and a few months later resumed his homosexual relationship. At age 35 the patient met a man in a bar with whom he began a homosexual affair. The pattern was the same as it had been with his first homosexual partner, 17 years previously; the patient permitted the other man to practice fellatio upon him. Mr. B. recalled, "I was just the recipient. I let him do it to me." The patient separated from his wife that year after telling her about his homosexual experience; then, feeling desperate about his conflicts, he made a suicidal attempt by turning on the gas. He was removed before any serious ill

effects resulted. During the weekly hypnotic session the patient brought together the following data. His mother was a jealous, domineering woman who frequently had quarreled with his father, accusing him of philandering. Following one of these bitter quarrels she is said to have "burst a blood vessel," and she died shortly thereafter when he was 17 years of age and it was during that year that he had his first heterosexual experience.

On December 12, 1948, (during the 21st hypnotic interview) the patient said, "She (my wife) was too good to touch. She resembled my mother." "Her tone of voice was like my mother's. It was like having sex relations with my mother. I felt my wife was too reserved. I felt that she didn't love me sexually. She never had the abandon that the man had." He described the homosexual partner whom he met at the age of 35 as being "slightly on the effeminate side," and "interested in music like mother." He had invited his homosexual friend to visit him at home, and had become increasingly tense, quarreling frequently with his wife, and accusing her of not loving him. Following one of these quarrels he turned on the gas but soon was discovered. On November 6, 1948, (20th session) the patient reported that he had had heterosexual relations with a new girl friend. He denied having any interest in men. During this session he said, "My wife would comfort me like my mother did. I always felt that she was too prim, so I thought, 'Hands off!' It was easier to have sex with a man. I felt that I was doing him a favor." As the patient's anxiety decreased in the therapeutic situation, he was able to understand his passive feminine homosexual needs, to accept the role he had played in rejecting his wife, and to begin to assume an active, rather than a passive attitude to every day living. On February 11 (22nd session), he reported, "Now when I look at my wife (from whom he had separated in 1945) I want her like I should. I never wanted sex relations with her before. I want a home like I used to have." He approached his wife, who was living in a nearby city, and discussed the matter of living together. On their wedding anniversary they had satisfactory sex relations. Plans have been made to set up housekeeping in the near future. The patient now said that he no longer needed to be "relaxed" (by hypnotherapy) and that he was able to get along without further psychiatric guidance.

The treatment had begun in June, 1948, and the patient was seen twice weekly until August, then once a week until October; since then he was interviewed once a month (October, 1948, until May, 1949). There were 25 sessions (June, 1948 to May, 1949). He remained gainfully employed during the year of psychiatric treatment. He repeatedly expressed his gratitude for the opportunity that he had been granted by the court to

work on his problem and referred to the treatment relationship as giving him "a lot of self-confidence." This subjective statement was corroborated by his effective self-assertion at work and in his normal social life. The patient no longer had the need to "act out" his passive-dependent tendencies or to identify with and play the part of the mother. This type of identification has been termed identification with the aggressor.[6] The patient's fear of his jealous, domineering mother had unconsciously compelled him either to hate her (which he was unable to do) or to identify himself with her and then to treat men with the love that he never had received from his own mother.

The above material demonstrates the value of this type of brief psychotherapy (hypnosynthesis) which rapidly diminishes anxiety and increases ego strength.[4]

## PYROMANIA

*Case 5.* The last patient to be presented is a latent homosexual who had pleaded guilty to setting 3 fires. He later recalled setting 16 fires during the year preceding his arrest—1938–1939. Mr. F. is the eighth of 11 children born to an alcoholic, temper-throwing Irish father and a quiet, devoted hypertensive mother. All but 2 of the 10 siblings are married, and each is described as hardworking and respected in the community. The patient was characterized by the members of his family as a "shy boy who suffered from an inferiority complex." They said, "He sits back and lets everyone else talk. When he says anything he mumbles his words and talks real fast. If you tease him about a girl, he gets real red."

The first interview (there were 78 in all) occurred on February 11, 1940. The patient was seen twice weekly for the first four months, then once a week for nine months and every two weeks for five months until July, 1941. Mr. F.'s initial statement was, "I don't know why I do it (set fires). For the past two years, practically every weekend I would stay up to 2 A. M. and drink. After I started setting fires I used to test myself. I would drink eight beers and then put some matches in my hand but nothing happened." During the first few interviews Mr. F. was able to say that he had been drinking in order "to get more nerve" and "to feel like a big shot." He said that he had always felt shy and was of the conviction that others thought very little of him while he was sober. The patient then went on to discuss his kindheartedness. He said, "I never wanted to be a bad fellow. I always thought I ought to let the other fellow take advantage of everything." Mr. F. soon began to see that he had tried to make vice into a virtue. He could accept the fact that he had been afraid to take up for himself and therefore had given in to everyone indiscriminately. He had repeated the fifth and seventh

grades in school. (I. Q. 78, mental age 12 years, 5 months). His reactions to these failures were significant. He said, "I felt bad. I felt like someone had hit me a heavy blow. I felt like nobody compared to the rest of the boys. I thought even my mother would think I was dumb. She might think I wasn't studying or was hooking school. I wasn't, but I thought she didn't think I was doing my part. I did not realize then that my mother did not think that but that I was thinking that myself. But at that time I felt that I was nobody." In regard to his alcoholism, he said, "I always thought that it was a bad thing. I saw my father drinking and felt I should never do that. I used to feel disgusted whenever my father came home drunk. He would try to pick an argument with my mother or talk about hopping a train and leaving home." At the age of 18 he began to drink beer and because of his excessive shyness continued to do so. He recalled that he had been afraid of being called a "sissy" or a coward. A couple of beers made him feel jolly and gave him the nerve to go up and ask a girl for a dance. At this age he felt he was not good-looking, and he was sensitive to the fact that he was a poor dancer and was unable to ask a girl for a date.

On March 15, 1940 (10th session) Mr. F. reported that he had been able to talk to a number of girls in the hat factory where he was working. He said, "It shows I am learning. I am not afraid to talk like I was. I can bring out my own opinion." (Before?) "Before I would pass it off. I would be afraid that a girl would kind of think I was throwing myself at her. I was afraid she might say, 'Go away. I won't have anything to do with you.' But now I really realize I say it myself." By this time he was able to recall at least 16 fires which he had started. The first occurred in September, 1938, and the last fire was started in October, 1939. He had been arrested on October 30, 1939, and remained in jail from December 27, 1939, to February 6, 1940. Psychiatric treatment had begun five days later (February 11).

As a boy of six or seven Mr. F. had competed with older boys to see who could urinate the farthest. He recalled that he always felt pleased with himself that he was better than some of the older boys in this type of competition. At the age of 8 or 9 he was interested in showing others that he was the better man. He remembered being the leader of his gang and being able to boss and beat many of the older fellows. This type of physical prowess continued until he had the two failures in school. After he was left behind he was convinced that the other boys were much smarter and better than he. He recalled a number of incidents in which he and the other boys extinguished small fires by urinating upon them. He was then about 10. At 13 he was introduced to mutual masturbation by a 16 year old boy and thereafter occasionally engaged in games to see who could

ejaculate first. When he was 16 he knew that the other boys in his group were beginning to have heterosexual relations. He recalled that he had been afraid to engage in such experiences. He had seen the genitals of a colored woman when he was 14 and had reacted with a feeling of disgust. "I thought something was missing. I felt kind of sick in the stomach. I saw two colored women fighting. They were naked. It looked like someone had split their privates, cut them right in half, like something that could clamp down on you like a clam."

The patient added (37th interview, July 5, 1940), "I felt if you do anything to a girl you might either get a disease or she would get pregnant. I also heard about people getting hooked when they have sex relations; then I thought either the man or the woman has to die. I remember that at that time I felt that maybe my privates would have to be cut off if I got hooked like that." The patient's first sex experience with women occurred at the age of seventeen. An older woman, whom he had visited while on his newspaper route, asked him to come upstairs and then invited him into bed. The patient was quite frightened and distinctly remembers the fear of being "hooked" together. Although he was able to penetrate, he became quite perturbed when about to have an emission and then ran out of the room and refused to return to this house thereafter. He recalled a number of experiences in which older men had handled his genitals. These generally occurred while in the movies. He was 13 when this occurred the first time and this experience had been repeated about a half-dozen times. The patient's masturbation phantasies were of a homosexual nature and he recalled that he had permitted a man to practice fellatio on him.

When he was 19, Mr. F. would occasionally go to fires with a brother-in-law who was a fire insurance adjuster. Over a period of several years he learned the fire signals and would chat with the various firemen. In 1935, when the patient was 20, he spoke to a fireman about joining the Fire Department. This man told him that he was a half-inch too short. The patient felt quite hurt because at that time he had set his heart on becoming a fireman. He already felt quite badly about the fact that he was making very little money working in a hat factory and when he was arrested in 1937 at age 22, as a "fire-bug" suspect while drunk, he became enraged at the authorities. He says, "I felt they blamed me for nothing and next time I thought I would do something so if they pick me up again it would not be for nothing. It was a grudge. They tried to make me into a convict and I felt like a nobody. I thought I would show them that I was not afraid of them or anybody else." These events were corroborated by the statement of a neighbor who heard him talking to himself while drunk and saying, "I'll get even with the Fire Department for not letting me in." The first fire

occurred in a house of prostitution (1938). The patient overturned a lamp, setting fire to the stairway, and then ran out. He had been drinking as usual and felt that he was doing the community a good turn by starting this fire. He said, "I did not like the idea of women selling their bodies for money and people getting diseases. There was a man there who would tempt me by saying, 'I have a new girl for you'." He began to realize that the fire was one of the methods by which he defended himself against participating in the sexual act. He could say, "I can begin to see that if I burned this house I would not have a place to sin any more and I would not get a disease. I used to go to confession every week and I did not like to confess that I had intercourse with a prostitute. I was afraid I might get a bawling out for it."

The patient could begin to understand how his timidity, his need for alcohol to bolster his opinion of himself, his fear of sex relations because he might get "hooked" (castrated) were all tied up together. He now realized how he had rationalized his fire setting as saving the community the trouble of tearing down worthless buildings and houses of prostitution. He had begun to think of himself as a public benefactor and for the first time saw how he had been fooling himself. He appreciated how his grudge against the Fire Department had influenced him to set fires and thus get even by waking the firemen early in the morning. He was also able to relate how the fire acted as a substitute excitement for his sexual urges. He began to see that whenever he wanted to go to a prostitute he would set a fire, enjoy the excitement of the alarms and fire engines rushing about, and in this manner be distracted from his desire to have sex relations. He recalled his previous sex interests and said that the firemen with the hose reminded him of his earlier sex experiences of boys urinating. He said, "It's like seeing a man's privates."

The progression of his sex attitudes may be illustrated by 4 dreams, each of which was accompanied by a seminal emission; (1) the first occurred in September, 1940. In this dream a man attempted fellatio but the patient repulsed him; (2) in the second dream a girl asked him to engage in the act of cunnilingus. He refused and then she successfully resisted his attempts at coitus. (November, 1940); (3) in January, 1941, the patient dreamed that he had been chased into a movie. He sat down near a beautiful woman who caressed him and then invited him to visit her home. He accompanied her there and when she began undressing he ejaculated; (4) the fourth dream occurred in March, 1941. He dreamed that he was selling newspapers (as he had done seven years previously) when he suddenly came across a recently acquired girl friend. He kissed her, then was surprised at seeing her nude and promptly engaged in coitus. The

transition from his previous preoccupation with perversion and passive interest in sex relations to the acceptance of the normal male in the sex act is illustrated in these dream contents.

As treatment continued the patient became much more talkative and was able to express himself effectively in a number of different situations (1941). He was happier and more at ease than he had been in many years. He no longer needed alcohol to initiate a feeling of sociability; he understood what had motivated his urge to set fires and no longer had any need to do so. During a follow-up interview on January 25, 1942, two years after the initial contact and six months after the last interview, he reported that he had been steadily employed and that he had been having satisfactory heterosexual relations. He was very proud of the fact that he had learned to jitterbug. There was no evidence on this occasion that the patient was paranoid or interested in further fire setting. He had remained gainfully employed and sexually and socially well adjusted when re-examined six years later, November 27, 1948.

## COMMENTS ON BRIEF PSYCHOTHERAPY

What type of psychotherapy was offered these patients? It was not free association, abreaction, a prolonged investigation of infantile sexuality, nor even a comprehensive working through. From the very first interview the sex offense was put into the background and the patient's basic needs were clarified and brought directly into awareness. The weekly, half-hour therapeutic sessions became a collaborative, friendly effort by means of which the patient could find emotional support and regain his self-esteem. A patient does not become well by just talking things over. He must participate as an active agent and begin to accept full responsibility for that which he knows but which he has not been able to verbalize (externalize).[5] The goal of every type of psychotherapy is to make the patient authentic, really himself. This occurs only when the patient feels secure in the therapeutic relationship and can identify himself with the therapist. He then can begin to see himself objectively as being worthwhile, can say, "This is who I am," and experience the conviction, "This, I must be." The chief art of the psychotherapist consists in creating an effective interpersonal relationship by means of which the patient can experience his uniqueness, accept his limitations and yet feel free to realize his full potentialities as an individual and as a social being. Brief psychotherapy cuts across defenses by quickly reducing anxiety as a result of immediately establishing a positive transference relationship and actively helping the patient to accept himself without guilt feelings.

An example will illustrate this obviously oversimplified

formulation. A 20 year old exhibitionist is beginning to feel sufficiently secure in his relationship to the therapist to give an account of what he was thinking while visiting a neighboring town. He says, "I thought of exposing myself because I was a stranger in that town. That means I was bad."

| THERAPIST | PATIENT |
|---|---|
| "Bad?" | "Yes, a wicked sinful person. I should not have had those thoughts." |
| "Then who should?" | "I guess no one but me." |
| "Now you know who you are?" | "I am just that sort of guy." |
| "What sort of guy?" | "I am the guy who thinks that." |
| "Then you are not sinful or wicked, just the guy who thinks that." | "But I don't necessarily have to do it when I do think that." |
| "That is true. I like you when you tell me what you really think. It takes a real man to face himself and say, 'This is I'." | "I like you too." |

This excerpt from an interview occurred face to face. It would not have altered the essential psychodynamics if the patient had been in the hypnoidal state which is used in hypnosynthesis.[4]

## LEWD TELEPHONE CONVERSATIONS

Another example will illustrate the need and value of helping the sex offender to establish limits of behavior which he must accept in order to feel free to act within these self-set limitations. Mr. R., a 22 year old married man, was referred by the court for using lewd language in repeated phone conversations with a woman who finally agreed to make a "date" during which the patient was arrested. The psychiatric investigation revealed an anxiety-driven ex-veteran who became emotionally disturbed whenever he stopped at a traffic light. At these times he feared that his buddies, whom he had cheated at cards while overseas, would catch up with him and kill him as they had threatened to do several years ago. The patient had been planning to leave his frigid wife and was dissatisfied with his progress at work where he constantly was criticizing his superiors. He never

had related himself to anyone with any feeling of security previous to coming for treatment. He had seen the woman while driving by her house. When he observed her smiling he believed that "she sat there purposly to excite somebody (sexually)." He went on to say that "I never wanted to force myself on anybody (because) I never wanted to be disliked." The incongruity of this statement was pointed out and the patient said, "It sounds like the theme of the thing. In other words I had a fear that I wasn't loved and I wouldn't find anyone to like me." He then recalled how worried he had been that he might get a venereal disease whenever he had an extra-marital affair. He added, "No sooner had I entered (vaginal penetration) when I reached orgasm. I felt a loathing for myself for what I had done. I received no satisfaction. You hear supposedly wealthy intelligent men boasting of their conquests and I thought that was the thing to do."

| THERAPIST | PATIENT |
|---|---|
| "Why did you talk 'dirty' over the phone to this woman?" | "If she listened it meant she was interested." |
| "Is that what you mean by wanting love?" | "I didn't want love. The reason I tested her over the phone was that I wanted a rendezvous. I wanted momentary escape." |
| "But didn't you say that you felt a 'loathing'?" | "Yes, but I couldn't admit defeat although I knew I would be defeated. I didn't stop to think that I would not enjoy myself. I always was impulsive. Why didn't I stop to think?" |
| "Yes, why?" | "I didn't want to admit that I wasn't cut out for it. I am not the same as other men. I am different. Yet, I was trying to do the same thing as other men I came into contact with. But I was not good at it. I don't enjoy myself at it. I didn't want to admit it before. I was kidding myself that I was like others. I wanted to outdo others, to outboast them, to prove I could have affairs too." |
| "But that's like a rabbit running for Congress." | The patient laughed and said, "And to think it is so simple; so obvious." |

"What?"

"That I was not as good as other men were and that I attempted to outdo them."

"You alone can set limits on yourself."

"I never set a limit on myself in any direction. I felt that I could do anything." (He had believed himself to be a great lover, a potentially famous novelist, as well as a future business tycoon)."

"That makes you either without limit like God or crazy."

"I guess I was crazy. I always thought if I only tried I could be anything. I see my problem is to find out what I want. I am certainly glad it (the arrest) happened. I feel a slow transition (since the first session three weeks ago). I can sit home now and read and doze off. Before I couldn't sit still, that goes back as far as I can remember."

## Concluding Statements

A liaison service between a court and a private psychiatrist has been described. During a period of ten years (1939–1949) 23 sex offenders were referred. Two were unsuited for psychotherapy and 19 were returned to the community as law abiding citizens, free of their former compulsions to expose themselves indecently, to use children as sex objects, or to engage in other perverse sexual activities. The clinical material indicates that these offenders are anxiety-ridden individuals who repeatedly are driven to commit their sex offenses in the vain hope of freeing themselves from mounting tension and of regaining their dwindling self-esteem. Their repetitive, perverse sex behavior helps to decrease tension by utilizing less complex, earlier, outmoded but previously satisfying sex patterns (regression). It may also represent in certain cases an unconscious self-assertive effort to escape from rigid, life-long neurotic compliance (progression). Sex offenders are mentally ill individuals who have been overwhelmed by anxiety derived from frustrated passive-dependent needs, castration wishes and fears, and thwarting life situations. The terms "impulse neurotic" or "neurotic character" do not do justice to the resulting disturbance in these patients' ability to apperceive or judge reality. Sex offenders are accountable for their offenses but they cannot be considered as being responsible agents. The clinical material reveals that they do not understand the nature or consequence of their acts. The futility of punitive measures to bring about their rehabilitation has been

accepted for many years. This report conclusively demonstrates that brief psychotherapy (one-half hour once a week for a period of six months to one year) is effective in the treatment of such offenders. The psychiatrist in the community, when given an opportunity to work with the probation officer, can help these patients to achieve a sense of personal balance and social perspective which makes for happier, healthier living.

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2325 Eutaw Place
Baltimore 17, Md.

# INSOMNIA AS RELATED TO ANXIETY AND AMBITION

L. E. WEXBERG, M. D.*
WASHINGTON, D. C.

Considering what is known to us about the physiology of sleep, insomnia must be regarded as a typical psychosomatic syndrome. Sleep is closely related to the sympathetic steering mechanism in the hypothalamus. It seems that those changes which initiate sleep under normal conditions are mainly along the line of decreased adrenergic and increased cholinergic (parasympathetic) activity. This accounts for general decrease of muscle tonus (relaxation), decrease of blood pressure, pulse rate, and respiratory rate. Other types of cholinergic stimulation, such as those combined with food intake or sexual satisfaction, are under certain conditions likely to induce sleep.

On the other hand, adrenergic stimulation, as actualized in Cannon's emergency reaction, is probably the most effective sleep-preventing mechanism. It consists in adrenemia preceding and accompanying an animal's readiness for fight and flight, is directly opposed to sleep and incompatible with it. This is where the psychosomatic factor of emotion enters. In psychologic terms, fear and rage are the two emotional conditions, closely related to each other, which never allow sleep. It may be expected, therefore, that every psychoneurotic form of insomnia may be found to consist essentially in a sleep-disturbing mobilization of anxiety or rage. The former is often the emotional expression of a deep-seated feeling of guilt (a German proverb, "a clear conscience is a soft pillow to rest on", seems to convey this). The reverse side of anxiety, eager fighting spirit, which may express itself in excessive ambition, is equally frequent as a disturber of sleep. I believe it was Julius Caesar who was said to have been sleepless in his youth because the glory of Alexander the Great kept him awake. In psychoneurotics we would expect this type of insomnia to be due mostly to frustrated ambition.

This was undoubtedly the case in a 42 year old man whose life spoke clearly of the strong drive upward caused by relentless ambition. A child of the slums, he was left penniless when his parents died early, and was brought up by charity. In his

*Director, Mental Hygiene Clinic, Washington, D. C.

thirties he attained an executive position in one of the big companies of this country. Yet his success would never satisfy his eternal desire for security. He never ceased to be afraid of poverty which he had known so well in childhood. Fear of castration loomed in the background of his restless anxiety. As a boy, he used to worry about the size of his genitals. He had a very active sex life, but was never in love with a woman. He was always frustrated, therefore, and both of his marriages were unhappy. This man was quite often sleepless. To recognize the meaning of insomnia it is frequently advisable to inquire what the patient is doing or thinking while he lies awake. This patient readily stated that he used that time of the night for daydreaming. He saw himself as the leading industrialist of the country, responsible for billions; he dreamed about erotic conquests on end. He would be sleepless for hours after meeting a goodlooking girl on the street or at a party. And yet, this man had been successful above average in the opinion of those who knew him superficially. He shows clearly the type of greedy and insatiable ambition due to "oral" frustration, one might assume, which often causes insomnia. There is a large component of anxiety in this ambition. It accounts for the tenseness of soul and body which is opposed to relaxation, for the restlessness which prevents the sleeper from keeping still, and for the vivid imagery which keeps his mind going.

The meaning of insomnia obviously varies from case to case. While it is true that it most frequently expresses anxiety, it may, at the same time, be subservient to various aims of which the patient is not aware.

A 27 year old girl, intelligent and good looking, came for treatment because of persistent attacks of anxiety of a psychasthenic nature, headache and insomnia. At her last visit, she admitted considerable improvement in every respect except sleeping, and of course, her relationship to the other sex had not changed at all. She still was aloof, did not want to be bothered, and was very anxious to keep boys at a distance. Recently her insomnia had changed a bit. Now she gets sleepy early in the evening; however, when she is ready to go to bed around 11 p.m. she just seems to be unable to sleep. In order to get enough sleep and to be able to get up for work in the morning, she decided to go to sleep for a few hours at 7 p.m. and then to get up again. It is not too hard to show the secret purpose of this arrangement. Between 7 and 11 is the time for social gatherings, dates, and other entertainments which she could attend, meet girl friends, people in general, and, of course, boys. If she has to use those particular hours for sleep, nobody can blame her for being asocial. At this point, the patient reported a recent dream. She was bitten by a mule. She thought this dream was utterly silly because she never had anything to do with mules.

I suggested that perhaps the mule stands for something else, possibly something she never had much to do with either, such as boys. She laughingly accepted this interpretation. This symbolism is typical of her, and her fear of being "bitten" is probably just the type of fear which keeps her awake at night.

## Summary and Conclusions

Insomnia which seems to be due, physiologically, to adrenergic stimulation, is likely to be related to the emotions of fear and rage. Two case histories illustrate the role of insomnia in tension states representing exaggerated ambition or anxiety.

# BISEXUAL CONFLICTS AND INSOMNIA

F. S. CAPRIO, M. D.*
WASHINGTON, D. C.

Just as the presence of blood in the patient's sputum may be diagnostic of an incipient case of tuberculosis, particularly when associated with such other symptoms as loss of weight, night sweats, and pain in the chest, insomnia may be pathognomic of an impending mental breakdown. It would therefore be as harmful for a general practitioner to treat insomnia with sedatives as it would be to attempt to cure a tuberculous patient by giving him cough medicines.

Insomnia is a frequent symptom encountered in medical practice. It is often the result of anxiety associated with unresolved mental conflicts. Patients who complain of this disorder will either have difficulty falling alseep or waken frequently during the night, with the result that they feel extremely tired the next morning. There are two types of insomnia: (1) the type caused by physiologic or circumstantial factors such as eating before going to bed, drinking coffee to excess, sleeping in a different bed, too much noise or light interfering with one's normal sleep, pain associated with illness or inadequate sleeping facilities; (2) insomnia caused by psychologic factors, such as anxiety resulting from mental conflicts, which usually does not respond to sedatives. The cure of this latter condition consists in exploring the cause of the nocturnal restlessness, which a trained psychotherapist can do. By exposing the root conflict and working it out with the patient in psychotherapeutic sessions, the symptom gradually dissipates itself. Like alcoholism or homosexuality, insomnia is not a disease entity but merely symptomatic of some underlying neurosis. The neurosis rather than the symptom is treated. Usually the physician is justified in suspecting the presence of neurotic conflicts when other concomitant symptoms manifest themselves, which are subjective and psychogenic in origin, such as malaise, headaches, vague aches and pains, anorexia nervosa, nervous tension, fatigue and weakness. Every physician should try to obtain a detailed description of the insomnia. In many cases he will discover a close relationship between the symptom and the patient's personal life history. It may follow an acute anxiety situation wherein a woman has been unfaithful to her husband and is unable to sleep because of a guilty conscience. It may appear in a person tormented with bad dreams (the individual attempts to awaken

before a certain event takes place in the dream), referred to as the mechanism of dream censorship. Sex guilt as a frequent factor in insomnia due to anxiety is illustrated by the case of patient A, who complained of insomnia, as a result of which she was unable to continue at her job satisfactorily. Sedatives helped but did not relieve her of her restless tossing. Analysis revealed the source of her chronic insomnia. She had been leading a bisexual existence and did not know whether she was basically heterosexual or homosexual in makeup. The solution of her sexual conflicts relieved her of the anxiety which was causing the insomnia.

Acute insomnia may be due to an acute situation, such as the loss of a job, financial indebtedness, or worry over the illness of a member of the family. Insomnia of short duration yields to sedation. Chronic insomnia however may be a symptom of an emotional disorder and requires specific psychologic treatment, as very often the causes are to be found in the unconscious mental processes. The psychotherapist attempts to make the patient aware of the psychodynamic factors motivating the insomnia, and by removing the cause of the anxiety, he removes the symptom. Stekel contends that sleep becomes disturbed when the conscious is more strongly charged with emotions than the unconscious, and when conflicts arise between instinctive urges and inhibitions. Many neurotics express a fear of insomnia as the cause of their sleeplessness. According to Stekel this fear of insomnia is a mask for a fear of sleep. In many of my patients who complain of insomnia, an unconscious if not a conscious fear of death may be found. They actually are afraid of dying in their sleep and associate darkness of sleep with darkness that comes with death.

About a year ago a rather attractive young lady was referred to me for psychiatric treatment. In this particular case chronic insomnia was the predominating neurotic symptom that threatened the security of her job. It will show how a conflict causing anxiety, resulting in sleeplessness over a long period of time, cannot be cured by the administration of barbiturates. From the patients' life history I learned that her parents were divorced when the patient was less than 10 years of age. Her mother, who was a Christian Scientist, once refused to call in a physician when the patient suffered from a severe case of scabies during childhood. The patient expressed a fondness for her father and disclosed evidence to the effect that her relationship toward her mother was an ambivalent (love-hate feelings) one. Before achieving pubescence her brother had coerced her into physical intimacies (coitus attempted unsuccessfully).

She was regarded as tom-boyish and experienced strong attachments for various girl friends during her early school years. At college she made the acquaintance of a rather masculine

girl several years her senior, with whom she became sexually intimate. They resorted to mutual masturbation, preceded by kissing and caressing. She denies cunnilingus, active or passive. It was during this sexualized friendship that she developed the onset of her insomnia. Following treatment by two different psychoanalysts, she decided to marry and give up her homoseuxal activities. Unfortunately, shortly after her marriage she resumed her sexual activities with her girl friend. She attempted to lead a bisexual existence, dividing her sex life between her husband and her friend. This proved tragic, for the husband suspected and accused her of carrying on a homosexual affair, and he finally divorced her. The insomnia increased. She decided to break off with this girl and come to Washington, where during the early part of her stay she abstained from any relationship with either sex. When the insomnia became intolerable she sought relief via psychotherapy. The psychodynamic factors responsible for her sleeplessness were rather interesting. Her bisexuality was construed as the product of parental incompatibility resulting in the development during childhood of a basic insecurity. Her attempt to fulfill her sexual obligations as a wife, while at the same time accepting the love of another woman, indicated her desire via psychic phantasy to bring her parents together, as if to say. "I want to love my husband (a father surrogate) and also want my woman friend to love me (over-compensation for childhood feelings of rejection by the mother, the girl friend serving in the capacity of a mother symbol). There is some suggestion of an Electra complex, because of her confessed attachment to her father, which became converted into the semblance of a brother-fixation. She once stated she wished she could have been born a boy and could have grown up to be like her brother, whom she admired a great deal. It is interesting to note that, in the course of her analysis, she developed two significant symptoms in addition to her insomnia, a frequency of urination (she would interrupt the session by asking to go to the ladies room), and a marked itching of her skin, resulting in a dermatitis which appeared to be of psychogenic origin. She claimed she could not resist scratching herself until her skin bled and became severely irritated. Both of these symptoms represented the unconscious equivalents of her repressed desire to masturbate (urethral erotism is commonly associated with bladder anxiety or bladder irritability). She claimed that she fought against the temptation to masturbate. The scratching may also represent an unconscious expression of hostility (self-inflicted punishment, a masochistic attempt to atone for her homosexual guilt). In addition, it can be associated in phantasy with the time she suffered from scabies during childhood, when her mother, toward whom she nursed love-hate

feelings, preferred to see her scratch and suffer rather than summon the services of a physician.

What actually was responsible for the patient's insomnia? Experience has taught us that a neurotic symptom may be inspired by a combination of unconscious motivations. The evidence in the case definitely pointed to the conscious as well as unconscious sexual guilt associated with her bisexual conflict. She expressed a fear of going to bed and falling asleep, convinced that she would indulge in homosexual phantasies. A good many of her dreams were homosexual in nature. It was this deep-seated bisexual conflict, or as psychoanalysts would say, the struggle between her id or homosexual cravings and her superego or moral censorship, that awakened her. The insomnia served as a defense mechanism against reminiscing, during sleep, of previous homosexual pleasures. The working out of her bisexual neurosis during the analysis relieved her tormented conscience. Her anxiety, the cause of which had been unconscious, was brought to the level of conscious understanding. The guilt was dissipated during her free association sessions. The insomnia disappeared, and I later learned she was making a normal adjustment to the opposite sex, having been able to experience a coital orgasm for the first time. She secured a position overseas and in answer to a follow-up letter informed me that she was extremely happy, symptom-free and planning to re-marry.

## Summary and Conclusions

Insomnia should not be regarded as a disease entity. It very often represents a symptomatic expression of some underlying neurosis caused by unsolved mental conflicts. Hence it would be as unwise to treat this symptom with sedatives as it would for a physician to attempt to cure a tuberculous patient by giving him cough medicines. The anxiety responsible for the sleeplessness can only be relieved via psychotherapy. Back of the anxiety may be a still more toxic insecurity. Psychotherapists have ample case material to prove that when the psychodynamic factors motivating the insomnia are made known to the patient and are properly treated, sleeplessness as a symptom disappears.

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